

Supervisor's Technician (Employee) Assistance Program Referral Form

Employee's Name _____ Date: _____

Job Title _____ Wrk Ph # _____ Hm Ph # _____

Unit _____ City _____

Referring Supervisor _____ Wrk Ph # _____

Reason for Referral☐**Excessive Absenteeism**

(Attach attendance card for past year or show pattern, i.e., Monday, Friday absences, etc. for past year.)

☐**Excessive Tardiness, Leaving Early** (Record frequency below.)

Past 6 months _____ Past Year _____ Previous Year _____

☐**Unusual Excuses for Absenteeism** (Specify)

☐**Unacceptable Conduct** (List last year's disciplinary actions.)

☐**Leaves Work Place Frequently**☐**Extends Lunch Periods, Breaks, Vacations**☐**Other** (Specify) _____**Job Performance** (Explain in Detail)

_____ Low Quality of Work

_____ Erratic Work Patterns

_____ Lack of Concentration

_____ Missed Deadlines

_____ Excessive Errors

_____ Bad Judgment

_____ Decreased Output

_____ Other (Describe Below)

Supervisor's Evaluation

(Summarize and give date of latest evaluation of this employee's job performance.)

Behavior on the Job

<p>_____ Avoid Supervisor/Co-Workers</p> <p>_____ Disregards Safety</p> <p>_____ Lacks Interest/Enthusiasm</p> <p>_____ Unusually Sensitive to Criticism</p>	<p>_____ Unusually Critical of Others</p> <p>_____ Does not Communicate</p> <p>_____ Moody</p> <p>_____ Other (Specify)</p>
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Physical Appearance/Grooming (Explain)

Record of Workers Compensation Claims
(Employee only, past 2 years)

Additional Comments by Referring Supervisor
(Attach Separate sheet)

Above observations have been discussed with employee. _____ Yes _____ No
If yes, when _____.

Describe employee's current status (any conditions for continued employment? Is disciplinary action likely? If so, at what level?)

Employee's Supervisor Signature _____ Date _____

Appendix 29B

**TECHNICIAN (EMPLOYEE) ASSISTANCE PROGRAM
SEQUENCE OF EVENTS/COUNSELING SESSIONS**

Employee: _____

Date	Event/Action	Follow-up